


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90001 042 ***550.00

DOCUMENT # P05000017438 1. Entity Name SOUTH CENTRAL CHIROPRACTIC, INC.					
Principal Place of Business 827 W. LANCASTER RD. SUITE C ORLANDO, FL 32809			Mailing Address 1028 W. PIONEER PKWY SUITE 100 ARLINGTON, TX 76013		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address 1184 W Pioneer Pkwy Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-2270413			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLAMBECK, MICHAEL K 1028 W. PIONEER PKWY, SUITE 100 ARLINGTON, TX 76013	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIESSNER, JENNIFER D 1028 W. PIONEER PKWY, SUITE 100 ARLINGTON, TX 76013	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael K Plambeck</u> <u>Michael K Plambeck</u> <u>6/21/06</u> <u>(817)860-1005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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